

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

003

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	2					
4	2					
5	/					
6	/					
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49	/					
50	/					
TOTAL IND.	40					
TOTAL DEP.	12	↔	↔	↔		
TOTAL CLAIMS	52	██████	██████	██████	██████	██████

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

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51	/				
52	/				
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100					
TOTAL IND.	6	↔	↔	↔	↔
TOTAL DEP.	7	↔	↔	↔	↔
TOTAL CLAIMS	13	██████	██████	██████	██████